

Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 11-6-08

Address: 5066 LINCOLN TRAIL RD

Case #: 35F28348

TENNYSON, IN

County: WARRICK

Type of Laboratory Seizure (check one)

- ☒ Operational Lab
☐ Chemical/Glassware/Equipment (only)
☐ Dumpsite (only)

Seizure Location (check all that apply)

- ☒ Residence ☐ Hotel/Motel
☐ Outbuilding ☐ Open - No Structure
☐ Vehicle ☐ Other: _____

Items Found: Location (bedroom, kitchen, open air, etc)

(check all that apply)

- ☒ Lithium/Ammonia Reaction(s): BEDROOM
☐ Red Phosphorous/Iodine Reaction(s): _____
☒ Flammable Solvents: BEDROOMS
☒ Water Reactive Metal (Lithium): BEDROOMS
☒ Anhydrous Ammonia: BATHROOM
☒ Hydrochloric Acid Gas Generator(s): PORCH
☒ Corrosive Acid: BASEMENT
☐ Corrosive Base: _____
☐ Other (item and location): _____

Child under age 18 discovered (check one)

- ☐ Yes _____ (number present)
☒ No

*If yes, fax report to Child Protective Services

Investigative Information

- ☐ Ephedrine/Pseudoephedrine Tracking Log
☐ Retail/Merchant Tip
☐ Other: _____

This report is to be faxed to the following agencies that serve the location:

Fire Department: OWEN TWP

Fax: MAILED

Health Department: WARRICK CO

Fax: 897-6104

Child Protection Service: _____

Fax: _____

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: TRP. DOUG HUMPHREY

Phone 812 867-2079

** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

*** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.